reached areas not targeted for media coverage, the pilot campaign ran after Christmas when fluctuations in screening activity are considerable and age-extension was underway in some areas.

Conclusion At the end of January 2012, the Government launched a 9-week national bowel cancer awareness campaign. Providers have been urged to plan for a 50% increase in GP referrals during the campaign and for a sustained increase in colonoscopy demand over the next 5 years. This analysis of local screening activity during the pilot campaign, however, suggests that the direct effect of the national NAEDI campaign on bowel cancer screening hub activity is likely to be modest.

Competing interests None declared.

PWE-093 THE NHS BOWEL CANCER SCREENING PROGRAMME, SOUTHERN HUB—SCREENING ACTIVITY AND OUTCOMES
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Introduction As part of the NHS Bowel Cancer Screening Programme (BCSP) in England, every man and woman registered with a GP living in England and aged 60–74 years, is invited to take part in screening every 2 years. The BCSP Southern Hub, hosted by the Royal Surrey County Hospital and one of five Hubs in England, serves a total population of about 14.4 million people and manages the screening activity in the south of England (excluding London). The Southern Hub handles nearly one million gFOB test kits every year. Here we provide a high-level overview of screening activity and outcomes for the Southern Hub since the Programme’s launch in 2006.

Methods Screening invitees are sent a guaiac-based faecal occult blood (gFOB) test kit and asked to provide a faecal sample. Test kits are returned to the Hub for analysis. Participants with a positive (“abnormal”) test are referred to a Specialist Screening Practitioner (SSP) for further assessment and investigation (usually colonoscopy) at one of 17 Screening Centres. All screening activity, including invitation uptake, gFOB test results, SSP referrals and colonoscopy outcomes are stored on a dedicated database—the Bowel Cancer Screening System (BCSS). The BCSS provides a rich source of data for observational analysis.

Results The uptake of screening invitations (the proportion of invitees that was adequately screened) is approximately 56% overall. Uptake is generally higher for women (61% vs 55%), although improves with age in men. The proportion of positive test kits (“positivity”) is higher for men (2.6%) than for women (1.6%) at all ages. The number of colonoscopies performed at the Screening Centres has increased over time. About 40% of the screened population that tests positive and undergoes colonoscopy has significant neoplasia (cancer, high- or intermediate-risk adenomas). The prevalence of significant neoplasia is greater in men and increases with age. The proportion of significant neoplasia detected in screening episode 2 is lower than in episode 1, reflecting successful detection of lesions in the first episode.

Conclusion The BCSS data are encouraging and indicate that the BCSP in England is likely to achieve its goal of reducing mortality from bowel cancer.

Competing interests None declared.

PWE-095 ROLE OF RESTRICTED FLUID THERAPY IN PATIENTS UNDERGOING LAPAROSCOPIC AND OPEN COLORECTAL SURGERY: A SYSTEMATIC REVIEW AND META-ANALYSIS OF PUBLISHED RANDOMISED CONTROLLED TRIALS
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Introduction Sub-optimal fluid therapy during peri-operative time period may influence the postoperative mortality and morbidity. The aim of this article is to systematically review the randomised trials analysing the restricted fluid therapy (RFT) and non-restricted...